FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office from with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

MARYLAND STATE DEPARTMENT OF HEALTH

	THE STATE OF	PULL SIVIE DI	TI WILLIAM PILL OF			
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, B	ALTIMORE	1, MARYLAND
02833	MEDICAL	EXAMINER'S	CERTIFICATE	OF DE	ATH	0280
PLACE OF DEATH			U.O. HEHAL BEGINENOS	Allina danage	d Blood 16 Imable.	stions Decidence hade

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1.	PLACE OF DEAT						CE (Where d	deceased lived, If I		sidence b	efore admission)
		T. MARYS		MARYLAN		DISTE	RICT O	F COLUMB			/
	b. CITY OR TOY	N (If outside corpora and give nearest toy	te limits,	c. LENGTH OF STAY IN		Y OR TOWN (If	outside co	orporate limits, v	vrite RURAL	and give	nearest town)
		NARDTOWN	VII.)							47	. 3
			ON (if not In he	ospital, give street addr	ess) d. STI	REET ADDRESS					IS RESIDENCE ON A FARM?
						546 D.ST	N EP				S ND K
3	NAME DF	F	Irst	Middle	11 (Last	4. DATI		th	Day	Year
3.	DECEASED						OF DEAT			79	
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	RETI		US	CIVIL SERVI		MARYL			U	SA	
13	. FATHER'S NAM	ΛE			14.	NOTHER'S MAIL	DEN NAME				
	JACKSO	N B. ABELL				ESTELI	E GUY				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO.	17. INFORM	ANT		646 Add	ST.N.E		
10	NO	(II yes give war or dates i	or service)		MRS E	DNA J.AI	RET.T.		GTON.D		
-		DEATH Enter only on	a cause per li	ine for (a), (b), and (c).]	FIRES - IX	DIA USA	لالتقار	MADILLI	GIONED		AL BETWEEN
		EATH WAS CAUSED BY	' :			. 0	1	7-			AND DEATH
19	162	IMMEDIATE CAUSE	(8)	(10728)	nun	1 2 -1	yar	chon		in	met.
	200	DUE	TO				V				
	Conditions, if	Immediate /	(p)								
	cause (a),	stating the DUE	TO								
-	underlying cau		(c)			FILE TERMINAL	DIOFACEOC	AND ITION COVER I	NIDART 1/a)	119. \	WAS AUTDPSY
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ICA										YES	□ NO K
MEDICAL CERTIFICATION	2Da. EXTERNA PRIMARY ☐ OF CAUSE OF DEA	CAUSE WAS CONTRIBUTING TH.	20b. I	DESCRIBE HOW INJURY	OCCURRED. (Enter nature o	f injury in	Part I or Part II	of Item 18.		
AL	2Dc. TIME OF	INJURY Month, Day,	Year 20d. I.	NJURY OCCURRED 20e		NJURY (Home, f		(City or town)	(Cou	nty)	(State)
000	Hour a.	m.	While	Not While	actory, stree	t, office bldg.,	etc.)				
Z		.m. 19	at work			1	1	to be to			
	21. I certif			ains described above		_		esc.	quiry X,	anu	In my opinion
	death resul	ted from: Natura	causes X	, Accident .	Suicide [, Homici	-	Undetermine	d manner		
10	AOTHAL	11/	1 , 7	12 0		CHIEF MEDICA				00	DATE SIGNED
	SIGNATURE	11/1	up/	091	M.D.	ASSISTANT ME		1000.	1	IH	111
	EXAMINER'S					DEPUTY MEDIC			TONADI	MOUN	166
	NAME (Type)	WM.D.BOYI						vn, or county) I			
23		eclfy)		23c. NAME OF CEME				LOCATION (City,			(State)
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24	SALVA DO	Bleing	on	ADDRESS			C'D BY RE	GISTRAR 25b.	REGISTRAR'S		
1	P.B. ROBI	nson - Leon	IARDTOW	N, MARYLAND		DATE	EB 7'	1966	Jelian	elly)	udge
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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222		PLACE OF DEATH
the ottending physicion and completely filled in by the funeral rist permit. Then please femave carban papers. Pages Land mation, or removal, and in any event, within 72 haurs after deal		a. COUNTY
	-	b. CITY OR TOWN (If autside carpo
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bar b	\vdash	d. NAME OF HOSPITAL OR INSTITUT
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		. USUAL OCCUPATION (Give kind of v
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ig if i		WAS DECEASED EVER IN U.S. ARMED es, no, ar unknown) (If yes give war
offence permit ion, or		No.
ion. by the ottending phystransit permit. Then permit or removol		1B. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED
physicion. signed by the buriol-transit		IMMEDIA
physicion signed by buriol-tra buriol, cre		1544
physicio signed buriol-tr		Canditians, if any, which gave rise to immediate cause (a),
P S P P		rise ta immediate cause (a), (stating the underlying cause (
ding the tro		last.
be retained by the hospital or affecting DIRCTOR: After this certificate has been ge 3 should be defacted for use as the lied with the State Dept. of Health prior to		PART II. OTHER SIGNIFICANT CON
or of	TION	50-71 (5.55)
ol or ol icate he for use Health	CERTIFICAT	20g. ACCIDENT WAS UNDERLYING D
the hospital this certifical detached for te Dept. of He	ERT	OR CONTRIBUTING CAUSE OF DE
Pt.		(IF EITHER, NOTIFY MEDICAL EXAMI
this eta	MEDICAL	20c. TIME OF INJURY Manth, Da Haur a.m.
by the hos After this ce be detache Stote Dept.	×	p.m.
Aft Aft of Standard		21. I certify that (I) (
CTOR: A should rith the		saw the deceased aliv
be retained by the hospital DIRECTOR: After this certifica ga 3 should be detached for led with the Stote Dept. of He		22a. SIGNATURE
DIRE DIRE		TVV
noy be poge poge filed		22c. PHYSICIAN'S
Poge 4 moy TO FUNERAL director, pog should be fil		NAME (Type)
Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be defacted for use as the buriol-transit permit. Then please remove carban papers. Pages — and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in this within 72 haurs of the depth.	230	. BURIAL, CREMATION, 23b.
Pog dire sho		BURIAL FEE
0	24	. FUNERAL DIRECTOR
VP ATE (4)		

W.CLARKE MATTINGLEY

	02834			CERTI	FICATE	OF DEATH				028	805	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where dec			ice befar	e admissio	n)
	a. COUNTY	MARYIS		MAK	RYLAND	a. STATE		b. COUI		- M	RYIS	
_	b. CITY OR TOWN (I	f autside carparate limit	is,	c. LENGTH OF STAY		c. CITY OR TOWN (If a	YLAND				111	
	write RURAL and	give nearest tawn)	21.00	42 -4		Ma m				10	,	
		ARDTOWN	et in benefitel e	13 DA	Y 5	d. STREET ADDRESS	DOX			/ -	IS DESIG	TENCE
		AL OR INSTITUTION (If n		ive street dodress)		d. SIKEET ADDKESS					ON A F	IRM?
		RY 8 HOSPI	ral								YES X	№
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DAT	E Mani	th	Day	Yeo	ır
	(Type ar print)	JOSEI	Н	HENRY	ARME	TRONG	DEA	TH FEBR	UARY	13	196	6
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED De B.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
	MALE	COLORED	WIDOWED	DIVORCE	ED 🗍	Aug. 15. 1	906	last birthday) 59 yrs.	Manths	Days	Haurs	Min.
100		(Give kind af wark dane	10b. KI	ND OF BUSINESS OR		11. BIRTHPLACE (County			12. CI	TIZEN OF	WHAT	
dur	ring mast af warking l	ife, even if retired)		DUSTRY				,,		UNTRY?		
12	FARMER FATHER'S NAME		FA	RMING		14. MOTHER'S MAIDEN	RYLAN	ND ON		S.A	1	
10.	. FAIRER 3 NAME					14. MOTHER 3 MAIDEN	NAME					
		S ARMSTRON				ELLA B	ARBER	3				
15.	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service) 16. S	OCIAL SECURITY NO.	17. IN	FORMANT		Addre	ess			
1	No .	(If yes give war ar dates	2	13-22-0254	FR	ANCIS G. S	WANN,	MAD	DOX,	Mo.		
		ATH (Enter anly ane ca	use per line	(a), (b), and (c).)							RVAL BET	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	while						UN	SET AND D	EAIH
	154	X DUE	., -,			1				-	7 1	,
	Canditians, if any,		(b) CD	MINIT	nal	ou -				1	3 le	(S)
	rise ta immediate		1	2000						1	,	
	stating the under	lying cause	(0)	1	10,1	111				1/	71	
	_	CHIEFCANT CONDITIONS	113-6-6	O DEATE DUT NOT DE	LATED TO T	IF TERMINAL DISTACT CO	NOITION C	DITTAL IN DART 1/->		19.	WAS AUTO	VDCV
S	PAKI II. UINEK SIL	SNIFICANT CONDITIONS	UNIKIBUTING I	U DEATH BUT NOT KE	LAIED IO IF	IE TERMINAL DISEASE CO	NUITION G	SIVEN IN PAKT I(a)			PERFORM	ED?
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RTIFI	20a. ACCIDENT WAS OR CONTRIBUTING		20b. DE	SCRIBE HOW INJURY	OCCURRED. (E	inter nature of injury in	Part I ar I	Part II af item 18.)				
8		MEDICAL EXAMINER)										
3		RY Manth, Day, Year	20d. IN	JURY OCCURRED		OF INJURY (Hame, farr		f. (City ar tawn)	(Ca	unty)	(State)
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		y that (I) (this ha			d fram	MIL	19<7/	to see	10/	al sh	at (I) (las las
		eceased alive an_	17 tra			death accurred at		M, fram causes				
	22a. SIGNATURE	deased dilve dil	110	1789,	did ilidi	dealli decolled di		_m, num cuoses		ATE SIGN		ubuve
	ZZO. SIGNATURE	VINUS	20			ATTENDING	MED.	STAFF	7 220. 0	ALE SIGN	2//	1
		100	, vu		M.D.		DIRECTOR	PHYS. L	7	7/	110	6
	22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	CHARL	CSVILLE,	Mp.			
230	 BURIAL, CREMATIO REMOVAL (Specify) 		EREOF	23c. NAME OF CEM	METERY OR CI	REMATORY	23d.	LOCATION (City or To	wn)	(County)	(S	tate)
	BURIAL (Specify)	FEB. 16.	1966	SACRED	HEART		BL	JAHWOOD.	CH I		Mp.	
24	4. FUNERAL DIRECTO			ADDRESS		2Sa. REC'	D BY REGI		GISTRAR'S	IGNATUR		

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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7 100		UACUS	CERTIFICATE	OF DEATH	02807	
E PE	1. 1	PLACE OF DEATH	men nursing	2. USUAL RESIDENCE (Where dece	eased lived, if institution: Residence before admission	
fun s 1 c ter d		Land 114		Loren	de b. county) Stages y	s V
y the Pages urs aft	ŀ	 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carpo	orote limits, write RURAL and give recorest town) St. Inigoes	1
s. ho	(LEONAR D TO	t in haspitol, give street address)	d. STREET ADDRESS	e. IS RESIDEI	
paper hin 72		Sound Mays?	musing plane	F441149494	9771711 MINGS YES NO	- 7
on vith	- 1	NAME OF DECEASED Type or print) ESSITE	Cordelia	Ball 4. DATE OF DEAT	TH deb 25 196	6
complete move carb my event,	S. 5	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours yrs.	4 HRS. Min.
and in	10a. duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KÍND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or	foreign country) 12. CITIZEN OF WHAT COUNTRY?	
g physic Then planal, a	13.	Linknowice		14. MOTHER'S MAIDEN NAME	un)	
attending phy permit. Then ion, or remaval		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of	service) 16. SOCIAL SECURITY NO. 17. 1	Soint Sontie	in Address Breef	
		18. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (((1) = 10 11 1-1	Occlusio	ONSET AND DEA	EN
signed by the burial-transit burial, cremat		Conditions, if any, which gave	(b) artorid se	cloratio H	east Discor 15 Jea	~
200			(c)	6 7		
has se a th pr	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	IVEN IN PART I(a) 19. WAS AUTOP: PERFORMED YES \(\sum \) NO	SY C
E o o	L CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Port I or P	Port II af item 18.)	
detacte Dep	MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, farm, ary, street, office bldg., etc.)		ote)
00		sow the deceased alive an	oital) attended the deceased fram		M, fram causes and an the date stated of	
(ii) >		22a SIGNATURE .	Celm M.		STAFF 22b. DATESIGNED 66	
O FUNERAL DIRI		22c. PHYSICIAN'S EI-nPST	D. Rehm, M.D	hexingto	un Park, Md.	
o Fun direct shoul	23a.	BURIAL, CREMATION, REMQVAL (Specify)	0 1 1511	CREMATORY 23d. 1	LOCATION (City or Town) (County) (Stot	e)
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS 2362	250. REC'S BY REGIS	STRAR 25b. REGISTRAR'S SIGNATURE 1966 Clearles Judge:	1
		1111.	16-11/11/20 176/11/1	DAIN A	1000	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

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FOR STATE HEALTH DEPT.

PM3. Page arry delay is

"pending" in pencil in Item 18. Give Poges 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

pages 1 and with the State Department of in ony event within 72 haurs ofter death.

long with form the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office. Health or its designoted agent, prior to buriol, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File moy be retoined for your files.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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- 17	6	X	1.2	25
V	-	0	V	17

0283	36	MED	ICAL EXAM	INER'S CE	RTIFICATE (OF DEATH	02806	
PLACE OF DEATH O. COUNTY				2	USUAL RESIDENCE		ition: Residence before admission))
o. COUNT	ST. MARY	8	M	ARYLAND	o. STATE	b. COU	ST. MARY S	
b. CITY OR TOWN	(If outside corporate I	limits,	c. LENGTH OF STA	Y IN 1b c.	CITY OR TOWN (If o	outside corporate limits, write RU		
LEONAR	and give nearest town) DTOWN		DOA		LEXIN	GTON PARK	12 -	1
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in hospital,	give street oddress)	d	STREET ADDRESS		e. IS RESIDEN	NCE
E-600000	ST. MARY	's Hosel	TAL		RT. 1 B	ox 13A26	ON A FAR	0
3. NAME OF DECEASED (Type or print)		First DAVID	Middle	P	Lost ENNETT	4. DATE Mon	nth Day Year	
S. SEX	6. COLOR OR RACE		NEVER MARR		ATE OF BIRTH	9. AGE (In years	I IF UNDER TYEAR IF UNDER 24	
MALE	COLORED	WIDOWED			в.2, 1911	lost birthdoy) 55 yrs.	Months Doys Hours	Min.
10o. USUAL OCCUPATION during most of working	ON (Give kind of work d ng life, even if retired)		CIND OF BUSINESS OR NDUSTRY		1. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME						ORTH CAROLINA	U.S.A.	
				14	. MOTHER'S MAIDEN	NAME		
	WILLIE BEN				Roxa	NNA JAMESMIN		
	VER IN U.S. ARMED FORC) (If yes give wor or do		SOCIAL SECURITY NO). 17. INFO	RMANT SAVANNAH	Addr	ess	
				MRS	B MANAMAR	ENNETT SAM	E AS # 2 ABOVE	
	DEATH (Enter only one	couse per line for	(o), (b), ond (c).)				INTERVAL BETWE	EEN
PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CA	USE (o) Int	ra-cerebra	al hemor	rhage		ONSET AND DEA	TIM
144	31	DUE TO HVT	pertensive	e cardio	vascular	disease		
Conditions, if or		(b)		0 0 0 0 0 0 0	vascazaz	arocase		
rise to immedia		DUE TO						
last.)	(c)						
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT NOT F	RELATED TO THE	ERMINAL DISEASE CO	ENDITION GIVEN IN PART 1(a)	19. WAS AUTOPS	SY
NOIL						(0)	PERFORMED?	
20o. EXTERNAL (PRIMARY Or C	CAUSE WAS	20h DI	ESCRIBE HOW INTIDA	OCCUPPED (Ent	r noture of injuny in	Port I or Port II of item 18.)	1E2 [24] NO	
PRIMARY Or C	ONTRIBUTING	200. 0	SCRIDE HOW INJURY	OCCORNED. (EINE	a notate of injury in	ron for ron if of flem 16.)		
		1 001 1	NUMBY OCCUPED	Too DIACE O	r things (iii)	1 004 (5)	10	
Hour o		19 20d. I While			F INJURY (Home, for street, office bldg., etc		(County) (Sto	ote)
21. I cert	ify that I taak cho	arge of the rer	mains described	abave, held (in Autopsy XI.	Inspection , Ingi	uiry , and in my ap	iniar
		tural causes 🔀						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		14	s, messille		CHIEF MEDICAL		dillier	
SIGNATURE	JAXIO.	MIL	140 100			DICAL EXAMINER K	22. DATE SIG	GNED
The second second	100	V CAAA	AND		.U.	AL EXAMINER	2-16-66	
NAME (Type)	Rudiger	Breitene	ecker, M.			et, city, town, or county)	2-10-00	'
23o. BURIAL, CREMAT	10N, 23b. DATE		23c. NAME OF LE			23d. LOCATION (City or To	own) (County) (Stote	e)
BUR IAL	fy) FEB.	19,1966	House o	F GOD A	D PRAYER		,	'
		-/1-/00	1					
24. FUNERAL DIRECT	ror .		ADDRESS				MARYLAND EGISTRAR'S SIGNATURE	

VR A15ME (5) 6M 1/66

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executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 MARYLAND STATE DEPARTMENT OF HEALTH

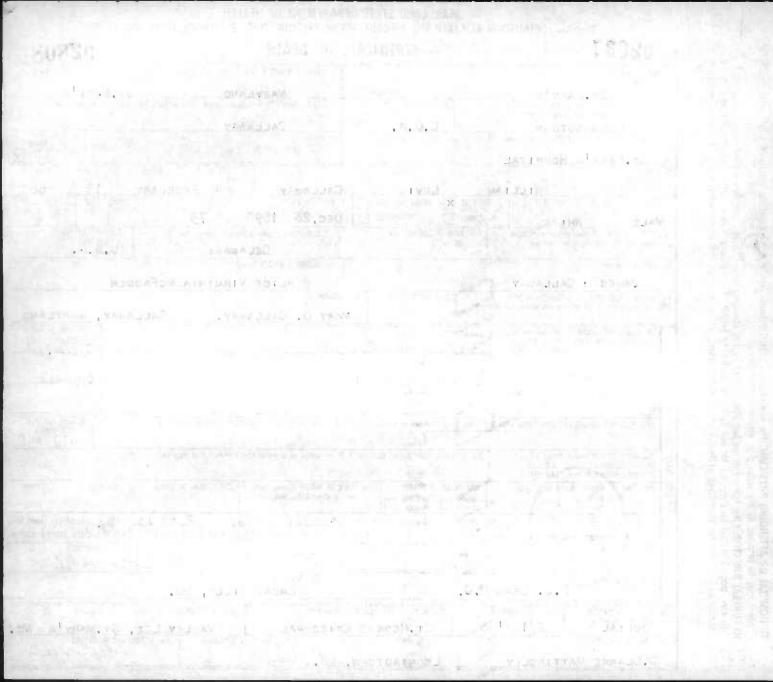
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

028	37
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CERTIFICATE OF DEATH

02808

0.00								0.000
1. PLACE OF DEAT	1				ESIDENCE (W	here deceased lived, if in		ice before admission)
o. COUNTY	STAMARY S		MARYLAN	o. STATE	MARYL		COUNTY	MARY 1s
b. CITY OR TOW!	I (If autside carparate limi	ts,	c. LENGTH OF STAY IN 1	b c. CITY OR		side carparate limits, writ		
	and give nearest tawn)		001		0		1	8-1
	NARDTOWN PITAL OR INSTITUTION (IF r	at in haspital a	D.O.A.	d. STREET A	DDRESS	AWAY		e. IS RESIDENCE
	,		100 0000 2000000					ON A FARM?
	RY'S HOSPITA		Middle	14		4. DATE	Month	
B. NAME OF DECEASED		irst	Middle	Last		OF _		Day Year
(Type or print)	6. COLOR OR RACE	1	LEVI	B. DATE OF BE		9. AGE (In year		13 1966 1 YEAR 1 F UNDER 24 HRS
, SEA	6. COLOR OR RACE	1 - 1 - 1	NEVER MARRIED			last hirthda		Days Hours Min.
MALE	WHITE	WIDOWED	DIVORCED [DEC, 28			rs.	
	ION (Give kind af wark dand ng life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPI		State, ar fareign country)	12. (11	TIZEN OF WHAT
bring most of work	ng me, even n tomos,				DEL	AWARE	U.	S.A.
3. FATHER'S NAME				14. MOTHER	R'S MAIDEN N.	AME		
JAMES	H CALLAWAY				ALICE	VIRGINIA MO	FADDEN	
S. WAS DECEASED	EVER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17. INFORMANT			Address	
(res, na, or unknaw	n) (If yes give wor or dates	or service)		MARY O.	CALLA	WAY.	CALLAWAY	MARYLAND
I IR CALISE OF	DEATH (Enter only one co	use per line for	(a) (b) and (c))	4				INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	()	- 0	7				ONSET AND DEATH
1/2	IMMEDIATE CAUSI		nam occu	delon				- Janys
Conditions if a	ny, which gave)	()		0				Luca
rise to immed	iate cause (o),	(b)	may ic	(Backer)				gy et a
	derlying cause		DOMESTIC OF					
last.	,	(c)						LID WAS AUTODSY
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE CON	DITION GIVEN IN PART 1(3)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature	af injury in P	art I ar Port II of item 18	3.)	
20c. TIME OF I	NJURY Month, Day, Year			e. PLACE OF INJURY	(Hame, farm,	20f. (City or tow	n) (Cor	unty) (Stote)
Hour Hour	a.m. p.m. 19	While at worl		foctory, street, affi	ce bldg., etc.)			
21 1 00	rtify that (I) (this ho	di won		om Cort	1	PLA to J.F.	173 19/	Z, that (1) (we) la
sow the	deceosed olive on_		12 19 6, and	d that death oc	curred at	7.3CAM, from cau	ises and on t	he date stated above
22a. SIGNATU	RE		Mseen	M.D. PHYS.	4	MED. DIRECTOR PHYS.	1 Fel	ATE SIGNED
22c. PHYSICIA NAME (Ty		AN M.D.		22d. At		MILLS, Mo.		
23g. BURIAL, CREMA	ITION, 23b. DATE TH	HEREOF	1 23c. NAME OF CEMETER	RY OR CREMATORY		23d. LOCATION (City	or Town)	(County) (State)
REMOVAL (Spe	11 1	1166	ST GEORG	E EPISCOP	Al			MARY'S ME
24. FUNERAL DIRE	1 ~1 •)	7 00	ADDRESS	_ <u>_</u>			b. REGISTRAR'S S	SIGNATURE
					DATEEB	17 1966	Muarl	es Judge
W. ULAR	E MATTINGLE	Y	LEONARDTO	WN. MD.	DMIL	- 1000	//	(1()



(Inn	1	02838		CERTI	FICATE OF	DEATH		02800
nours after death		PLACE OF DEATH	ov I s	MA		TATE MARYLAN	deceased lived, if institution b. COUNT	Residence before odmission) Y ST.MARY S
after		. CITY OR TOWN (If au	tside carparate limits,	c. LENGTH OF STAY			carporote limits, write RURA	
SIDO	1	LEO NARD		Tell Brosses		OAKLEY		19-1
				haspital, give street address)	d. STRE	EET ADDRESS		e. IS RESIDENCE ON A FARM?
1/0			B HOSPITA		CHAP .			ON A FARM? YES V NO
GF.	3	NAME OF	First	Middle	H.	Last 4. I	DATE Manth	Doy Year
		ECEASED Type or print)	WILLIAM		Cour		OF DEATH FEBRU	
	Š.			MARRIED NEVER MARRI		11100	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
d		MALE C	LORED	WIDOWED DIVORC		17.1921	lost birthday)	Manths Days Hours Min.
	10a	USUAL OCCUPATION (Giv	e kind af wark dane	10b. KIND OF BUSINESS OR		RTHPLACE (County & Stat		12. CITIZEN OF WHAT
		ng mast af working life, e ARMER	even if retired)	FARMING		ST. MARY	6 MARYLAND	COUNTRY?
		FATHER'S NAME		1 JANMING	14. MC	THER'S MAIDEN NAME	o war Land.	U A D A A A
		JOSEPH 1.	COUNTISS		A	MARY ELIZA	BETH LEE	
	15.	WAS DECEASED EVER IN	LS. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMA		Address	
		No (If ye	es give war or dotes of se	215-34-338	MARY F	E. THOMAS	- OAKLEY	Mn.
		18. CAUSE OF DEATH		er line far (a), (b), and (c).)				INTERVAL BETWEEN
91		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	cacheria	_ and e	ardesc	arrest	ONSET AND DEATH
		1651	DUE TO	10 7 00			10	
		Canditions, if ony, whi	150 (0)	Melastalec	Carcer	roma e	/ Verna	6 mo.
		stoting the underlying				130000		
		last.) (c)			·		The mass surrence
	ATION	PART II. OTHER SIGNIFI	CANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
0	CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter not	ture of injury in Part I	or Port II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Haur a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED While Nat While of wark at work	20e. PLACE OF INJ factary, street	URY (Hame, farm, t, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
		21. I certify t	hat (I) (this hospite	al) attended the decease			, to	, 19, that (I) (we) la
		sow the deced	sed alive on		and that deoth	occurred at	M, from causes or	nd an the date stated abov
		22a. SIGNATURE	77		M.D. PHY	ENDING MED.	CTOR STAFF	22b. DATE SIGNED
		22c. PHYSICIAN'S	N + . to	nung		d. ADDRESS	LIOK LI FIII). LI	11 043
		NAME (Type)	JOHN F. FER	WICK, M.D.		LEONARDTO	wn, Mo.	
	23 a	BURIAL, CREMATION,	23b. DATE THEREO	F 23c. NAME OF CE	METERY OR CREMATO	RY 2	3d. LOCATION (City or Town	n) (County) (Stote)
		BUR IAL	2/17/16	6 SACRE	HEART		BUSHWOOD S	ST. MARY S MD.
	24	FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY	REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
		W.CLARKE	MATTINGLEY	LEONAR	RETOWN. MC	DATE B 1	7 1956 900	carles Judge

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This certificate shauld icate, writing the ward be farwarded to the Ch

please execute the certificate,

DICAL EXAMINER:

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Chief Medical Examiner's

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0 death. Department after hours ate e St. the within event any pages _ File permit. remayal burial-transit ы crematian, 0 burial, nsed to. prior shauld its designated agent, may be retained far yaur FUNERAL DIRECTOR: Page

PLACE OF DEATH a. COUNTY ST, MARY'S MARYLAND MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest town) D.O.A. LEONARDTOWN PINEY POINT RURAL d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ST. MARY'S HOSPITAL 3. NAME OF First Middle Last 4. DATE DECEASED OF (Type or print) PAUL KKKN DICKENS LEON DEATH S SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED WIDOWED DIVORCED COLORED 1940 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

DRY CLEANING INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VIRGIL A. DICKENS CATHERINE BRISCOE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor or dates of service No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While 1:35 pm 2-20 1966 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . deoth resulted from: Natural causes Accident 1 Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY FEB.23.1966 ST. MARKS CEMETERY

ADDRESS

LEONARDTOWN. MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ST. MARY 8 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO S Manth FEBRUARY AGE (In years IF UNDER last birthday) Manths Days Haurs 12. CITIZEN OF WHAT COUNTRY? MARYLAND MRS CATHERINE B. DICKENS PINEY POINT, MARYLAND INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? (City or tawn) (County) (State) SY Hou Inquiry 4 and in my opinion Undetermined manner 22. DATE SIGNED 23d. LOCATION (City or Tawn) (State) VALLEY LEE. MARYLAND 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66 -

24. FUNERAL DIRECTOR

W. CLARKE MATTINGLEY

THIS PART JAMES

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CS AUTHOR DESCRIPTION

AMINE TERM. E., 1995 ST. HARRE TENETICES CALLEY LE. MARTENED

. CLARKE NATFINILEY LOOKA DTUNN, UNREFLAND

	02840			CERTIF	ICATE	OF DEATH			1	12811
	PLACE OF DEATH a. COUNTY	ST. MARY		MAR)	YLÁND	2. USUAL RESIDENCE (W. o. STATE	here deceased	lived, if institution b. COUNTY	Y	fore odmission) MARY 8
	LEONAR	If outside carparate limit d give nearest town) RDTOWN	T-SI	c. LENGTH OF STAY		c. CITY OR TOWN (If aut			L ond give neo	7-1
		AL OR INSTITUTION (If no		ive street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)		rst	Middle ELIZABETH	D	Last Y S O N	4. DATE OF DEATH	Manth		19 66
	SEX SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF SIRTH	9. A		IF UNDER 1 YEA	R IF UNDER 24 HRS.
F	EMALE	COLORED	WIDOWED	DIVORCE		JUNE 14.18		ast birthdoy) 1 yrs.	Months Doy	s Hours Min.
	. USUAL OCCUPATION ing mast af warking HOUSE W	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY HOME		11. BIRTHPLACE (County 8	& Stote, ar foreig	n country)	12. CITIZEN COUNTR	Υ?
13.	FATHER'S NAME	A P F		ПОМВ		14. MOTHER'S MAIDEN N	AME AME		L.U.S.	A -
			XXXX			MARY SHA	IAV			
15. (Y∈	WAS DECEASED EVE os, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)	OCIAL SECURITY NO.		FORMANT ARLES HENRY		Address		LAND
	Conditions, if any, rise to immediat stating the under last.	e cause (a), rlying cause	TO (b) TO (c)	yourd Leios	lio O cler	Infair Lie Ge	art)	Tearo		ONSET AND DEATH
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	LATED TO TH	E TERMINAL DISEASE CON	DITION GIVEN II	N PART 1(o)		9. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED. (E	nter nature of injury in f	Part I or Port II	of item 18.)		2501
MEDICA	20c. TIME OF INJU Haur o.n p.n	10	20d. IN While ot wark	JURY OCCURRED Not While of work		OF INJURY (Home, farm, y, street, affice bldg., etc.)	, 20f. (C	ity or town)	(County)	(Stote)
	21. I certify that (I) (this haspital) attended the deceased fram									
	saw the deceased alive an									
	22a. SIGNATURE	ohn 7.	Jen	und		ATTENDING PHYS.	MED.	STAFF		
		ohn 7.	Jen	ELL M.D.		ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF	22b. DATE S	
230	22a. SIGNATURE 22c. PHYSICIAN'S	CHARLES DN, 23b. DATE TH		ELL M.D. 23c. NAME OF CEM	M.D.	ATTENDING PHYS. 22d. ADDRESS REMATORY CEMETERY	MED. DIRECTOR EO NARDT 23d. LOCAT	STAFF PHYS. OWN, MAR TION (City or Town	22b. DATES 2-10 RYLAND (Cou	IGNED 1-66 Inty) (Stote) YLAND

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. ompletely filled in by the funeral ove corbon popers. Pogest and y event, within 72 hours afteraleath **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicior and director, page 3 should be detached for use as the burial-transit permit. Then please remshould be filed with the State Dept. of Health prior to burial, crematian, or removal, and the divent Page 4 may be retained by the hospital or ottending physician.

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DANYLAND.				to a grant with the second	

FOR STATE HEALTH DEPT.

TO BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. event, with the State, Department event, within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 of Health or its designated agent, prior to burial, cremation, or removal, and in any pages 1

V

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12812 02841

b. CITY OR TOWN (If outside corporate limits, write RURAL and pure event town) Leonardtown d. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 3. Name of hosPitAL or institution (if not in hospital, give street address) St. Marys Hospital 4. Not hospital Station Day Year On A Family Yes \	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY	n: Residence before admission)
b. C. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town) Leonard town A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Marys Hospital S. RAME OF COLOR OR RAGE (7. MARRIED NEVER MARRIED NAME OF DECASED (7. MARRIED NEVER MARRIED NAME OF BUSINESS OR NAME 10. KIND OF BUSINESS OR NAME 10. KI		Maryland	St. Marys
d. NAME OF HOSPITAL OR (INSTITUTION (if not in hospital, give street address) St. Marys Hospital 3. NAME OF BECEASED FIRST Middle Last Last Last DATE Month Day Year ND PATSON SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED April 1 1930 April 1 1930 April 1 1930 April 1 1930 NOUSTRY Retired HM 1 NOUSTRY TOUNDSTRY Robert J. Faison 13. FATHER'S MANE ROBERT J. Faison 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yet, no, or windwar) (Iffyes invaer dataset of service) Yes NOUSTRY TOUNDSTRY TOUNDST	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RU	RAL end give nearest town)
St. Marys Hospital US Naval Air Station VES Not A FARM? 3. NAME OF BECLASED (Type or print) FREDERICK (n) FAISON FAISON FAISON FAISON BEATH February 19 66 C. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED ADRIL 4. 1930 35 yrs. 109. USUAL OCCUPATION (Give kind of work dome 10b. kind Dof Business or Inburs Name Buttered HM 1 US Navy Youngstown, Ohio 13. FATHER'S NAME Robert J. Faison 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or undown) (Lifts give war or dates diservice) are printed every and ward size are printed every and ward ward ward ward ward ward ward war		Patuxent River	18-1
3. NAME OF DECLASE BY SEX	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	
PREDERICK	St. Marys Hospital		
Type or print)	3. NAME OF First Middle		Day Year
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years) Months DAY D	(Type or print) FREDERICK (n) F	PAISON DEATH February	11 19 66
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		8. DATE OF BIRTH 9. AGE (In years TF UNI last birthday) Monti	DED 1 VEAD HELINDER 24 HRS
Retired HM 1 US Navy Youngstown, Ohio USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ABMEDFORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT US NAS Address 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: Inmediate cause (e), stating the underlying cause last. Occ. Time OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, ferm.) 20f. (City or town) (County) (Stete) 20e. EXTERNAL CAUSE WAS CAUSED WAS AUGUST OF DEATH OF DEATH WORLD CAUSE OF DEATH. 19. WAS AUTOPSY PERFORMED? YES NO 20 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, ferm.) 20f. (City or town) (County) (Stete) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection T, Inquiry T, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	male negro WIDOWED DIVORCED	April 4, 1930 35 yrs.	OLTIZON OF WHAT
13. FATHER'S NAME Robert J. Faison 15. WAS DECEASED EVER IN L.S. ARMED FORES? (Yes, no, or unknown) (Ifyes give war or datest of service) Yes 1948-1961 18. CAUSE OF DEATH Enter only one ceuse per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSE OF: IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which gave rise to immediate ceuse (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II or Pert II of Item 18.) PRIMARY DO COUNTRIBUTING CAUSE WAS PERFORMED? PRIMARY DO COUNTRIBUTING COLURRED (CENter nature of injury in Part I or Pert II of Item 18.) 206. TIME OF INJURY Month, Dey, Yeer 2004. INJURY OCCURRED (CENter nature of Injury in Part I or Pert II of Item 18.) 207. TIME OF INJURY Month, Dey, Yeer 2004. INJURY OCCURRED (CENter nature of Injury in Part I or Pert II of Item 18.) While Not While The State of Item 18.) 208. EXTERNAL CAUSE WAS PERFORMED? YES NO CAUSE OF DEATH. 209. TIME OF INJURY Month, Dey, Yeer 2004. INJURY OCCURRED (CENter nature of Injury in Part I or Pert II of Item 18.) While Not While The State of Item 18.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquir	during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	COUNTRY?
Robert J. Faison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT US NAS Address VS NAS Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART II. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (e)) DUE TO Conditions, If eny, which gave rise to immediate couse (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I or Pert II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20d. FINJURY (Home, ferm, 20f. (City or town) (State) factory, street, office bidg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner	Retired HM 1 US Navy	Youngstown, Ohio	USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Yes 1948-1961 301 22 0941 US Navy Records - Patuxeht River, Maryland 18. CAUSE OF DEATH LENter only one ceuse per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: DUE TO Conditions, If eny, which gave rise to immediate ceuse (e), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PRIMARY IT OF CONTRIBUTING CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT COURRED. (Enter nuture of injury in Part 1 or Pert 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT COURRED. (Enter nuture of injury in Part 1 or Pert 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT COURRED. (Enter nuture of injury in Part 1 or Pert 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT WHILE THE ACCOUNT OF THE PART 1 or Pert 11 of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT OF CONTRIBUTING DEATH BUT NOT COURRED 200 PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (Stete) HOUR a.m. 2-1/1966 While Record Account The Part 1 or Pert 11 of Item 18.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Ins	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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Poge 4 TO FUNE director should	E	BURIAL, CREMATIC REMOVAL (Specify)	23b. DATE TH	FREOF 1966	23c. NAME OF CEM		2	23d	LOCATION (City or STATE ASSESSED ASSESS	Town) REGISTRAR'S SI	(County) (Stote) MO GNATURE
VR A15 (4) 20 M 1/66		W. CLARK	E MATTINGLE	EY	LEONARD	DTOWN,	MD . D	DATE LD 1	1966	Mark	by Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	0284	3		CERTIFICA	TE OF DEATH		02	816				
1.	o. COUNTY	ST. MARY'S		MARYLAND	O STATE	(Where deceased lived, if institute b. COL	UNTY ST. MARY	e odmission)				
	b. CITY OR TOWN (If autside carparate limit d give negrest town)	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)						
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0	d. NAME OF HOSPIT	TAL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS e. IS RESID ON A FA YES							
3	NAME OF DECEASED	F	irst	Middle	Last	4. DATE Moi						
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1	3. FATHER'S NAME				14. MOTHER'S MAIDEN							
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(S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	5-18-0378	7. INFORMANT WARREN GUNN		lress					
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	21. I certify that (I) (this hospital) ottended the deceased from 1966, and that death occurred at 64 M, from couses and on the date stated above											
	22a. SIGNATURE	WANT	alm	ch	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGN	2466				
	22c. PHYSICIAN'S NAME (Type		ам Н. Р	ATRICK M.D.	22d. ADDRESS	GTON PARK, MAR	YLAND					
2	3a. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or T	own) (County)	(State)				
	BURIAL (Specify	FEB.2	6,1966	ST. PETER	CLAVERS	RIDGE,	MARYLAI	ND				
	24. FUNERAL DIRECTO			ADDRESS	and and		REGISTRAR'S SIGNATUR	RE				
N	.CLARKE N	ATTINGLEY	LEONAR	DTOWN. MARYL	AND DATE	B 2.5 1966 #	marces &	noge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please recover corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages of and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in supervent within 72 hours after death. TO DEPUTY MEDICA

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OPPOSE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	02845	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	02818
1.	PLACE OF DEATH a. COUNTY		1	a. STATE Mi	chigan b. cour	
	St. Mary	/'S	MARYLAND	/Mary Ya	nd/	St./Mathis
	b. CITY OR TOWN (If outside c write RURAL and give near	est town)	c. LENGTH OF STAY IN 1b			Ita RURAL end giva nearest town)
-	Patuxent Rive		10-1		at/River Fe	arwell 39-3
	d. NAME OF HOSPITAL OR INST			d. STREET ADDRESS	Rk #1	e. IS RESIDENCE ON A FARM? YES NO
3.	Station Hospi	First			arracks/412/	
3.	DECEASED	ichard	Middle III_II W:	Last ilds	4. DATE Month	
5.	SEX 6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours Min.
	Male Cau	WIDOWED	DIVORCED	5-22-47	1879 yrs.	Months Days Hours Min.
10 du	a. USUAL OCCUPATION (Give kind oring most of working life, even if	f work done 10b. Ki		11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ireman Apprenti	ce U.	S. Navy	Michigan		USA
13	. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	
	James Wilds			Patricia 1	Louise Corma	n
15	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. 9	SOCIAL SECURITY ND. 17.	INFORMANT	Addre	
(Y	es, no, or unkown) (If yes give war o		03.01.03.0	0001 1 3 17	270	
-			0184719	Official Na	avy Records	
	18. CAUSE OF DEATH [Enter (ne for (a), (b), and (c).]			ONSET AND DEATH
	PART I. DEATH WAS CAUS		piccina Exter	sive 3rd des	ree burns	immediate
	9/73	DUE TO				
	Conditions, if eny, which		alding			immediate
	gave rise to immediate	DUE TO				
	cause (a), steting the underlying cause lest.					
Z	PART II. OTHER SIGNIFICANT CO	(c) Onditions contribu	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
E		32,7,4,4,4				PERFORMED?
FICA	CO. FYTEONAL CAUSE WAS	I col. B	Feed In F. How I will by Acad	United the second second	to home to Book I on Book II o	YES ND
CERTIFICATION	208. EXTERNAL CAUSE WAS PRIMARY 1 or CONTRIBUTING CAUSE OF DEATH.	20b. D			injury in Part I or Part II o	or item 18.)
LC	20c. TIME OF INJURY Month	h c T T	into steamp:	lt reservou	m.l 20f. (City or town)	(County) (State)
2	Hour XXXIIX		/ facto	ory, street, office bldg., et	c.)	(State) Md
MEDICAL	4:00 p.m. 2-21	19 66 at work	Not While Shor	p	Patuxent Ri	ver St, Mary's
-	21. I certify that I took			ld an Autopsy 🗓,	Inspection X, Inqu	oiry X, and in my opinion
	death resulted from:	atural causes	Accident X, Su	icide, Homicid	e, Undetermined	manner
	1/. 1/	KI	1	CHIEF MEDICAL	EXAMINER	
	ACTUAL SIGNATURE	4//	lan	D. ASSISTANT MED	ICAL EXAMINER	22. DATE SIGNED
	WIDE	OYD, M. D	11/2 11/1	DEPUTY MEDICA	L EXAMINER	
L	EXAMINED'S G		PAR RIV MD	Address (Street,	city, town, or county)	2-21-66
23	REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
T	rangit Borial 2	123/66			Farwell, Mi	chigan
24	Jo de Jalle	inson	ABORESS			EGISTRAR'S SIGNATURE
	P.B. Robinson	- Leonardto	own, Md.	DATE	25 1966 gc	harles Judge

Market Comments

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FOR STATE HEALTH DEPT.

any delay is

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

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pages 1 and 2 with the State Department of in any event within 72 haurs after (eath Health ar its designated agent, priar to burial, cremation, or remayal, and in any event within 72 haurs after

necessary, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examinity. Office along with form PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

UAOR	J	MED	ICAL EXAMINER 3	CERTIFICATE C	F DEATH	0.8819				
1. PLACE OF DEATH o. COUNTY	ST. MARY'S		MARYLAND	o. STATE	Where deceosed lived, if institution b. COUN					
b. CITY OR TOWN write RURAL at LEONAF	(If outside corporate limind give nearest town)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write RUR	10				
d. NAME OF HOSPI	TAL OR INSTITUTION (If n			d. STREET ADDRESS	MEONANI OUV II	e. IS RESIDENCE ON A FARM? YES X NO				
3. NAME OF DECEASED (Type or print)		irst	Middle Scott	Lost	4. DATE Month OF DEATH FEBRUAL	h Doy Year				
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH APRIL 5.195	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.				
		10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Stote	or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?				
FRA 1S. WAS DECEASED EV	FR IN U.S. ARMED FORCES?	16.		INFORMANT	Address MECHANICSV MECHANICSV	SS				
	y, which gove) te couse (o),		Int	za Thoras	ve Hemmo	interval between onset and death				
CATION			TO DEATH BUT NOT RELATED TO			19. WAS AUTOPSY PERFORMED? YES NO				
200. EXTERNAL OF PRIMARY OF CO. CAUSE OF DEATH.			ESCRIBE HOW INJURY OCCURRED	acces	lent					
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 0 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 3740 p.m. 2-12 1966 of work of wor										
death resul	21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner									
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	WILLIAM D	Boyn	M.D.	DEPUTY MEDIC	AL EXAMINER At the thick that the thick the thick the thick the thick the thick the thick the th	22. DATE SIGNED 2 /14/6 6				
230. BURIAL, CREMATI BURY WAL (Specif			23c. NAME OF CEMETERY OF	CREMATORY PHS CEMETERY	23d. LOCATION (City or Town	vn) (County) (Stote) MARY LAND				
24. FUNERAL DIRECTO			ADDRESS ARDTOWN, MARYL	2So. REC'I		GISTRAR'S SIGNATURE				

VR A15ME (5) 6M 1/66

61320 atynak . TE LILLY CONTRACTOR STATE ST. ANY S HODPITAL (REPO DE LEGISLANY 12, TOOM WOLLD The second of th 2.100 L.S. E. U. SANVLAND HELD BUR . E 21JJJ - CLOWN - YNER

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September 1 September 11 Septem

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